

Morris School District

Frelinghuysen Middle School

West Hanover Avenue Morristown, NJ 07960
Joseph Ugliarolo, Principal

(973) 292-2200

CONFIDENTIAL

(Mrs. Bozza does not share this information with anyone...neither should you.)

Name _____ Homeroom _____ Team _____

Please **PRINT** the name of **SIX** students that you would be comfortable rooming with in Washington. Every effort will be made to place you in a room with at least one of the six students. Each room will contain four students.

PLEASE BE ADVISED THAT IF THE FOLLOWING GUIDELINES ARE NOT FOLLOWED, YOU WILL BE PLACED IN A ROOM RANDOMLY.

- Six different names must be on the list (your name is not included in the six)
- Form must be filled out completely – name, homeroom, team, six names, parent signature
- Form **MUST BE SUBMITTED ON TIME – FRIDAY MARCH 18TH.**
- Do not lose your form – only one form will be given

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

_____ I am aware of and in agreement with my child's selection for possible roommates for the Washington trip. If there are any students with whom I would **NOT** like my child to be placed, I have previously communicated this to Mrs. Bozza.

Parent Signature _____

RETURN FRIDAY MARCH 18TH TO MRS. BOZZA

Questions: Contact amy.bozza@msdk12.net